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I hereby certify that this paper or fee is being deposited with the United States Postal Service with sufficient postage with service under 37 C.F.R. 1.8 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Signature

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Mark A. Atkinson, et al.

Appl. No. 10/512,008

Filed: April 21, 2003.

For: rAAV VECTOR-BASED COMPOSITIONS AND METHODS FOR THE PREVENTION AND

TREATMENT OF MAMMALIAN DISEASES

Confirmation No.: 4535

Group Art Unit:

Examiner: Unknown

Attorney Docket No.: 36689.42

## MISSING REQUIREMENTS TRANSMITTAL

MAIL STOP PCT Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Notification of Missing Requirements Under 35 U.S.C. 371. mailed May 11, 2005, I have enclosed the following:

- The return copy of the Notification of Missing Requirements mailed May 11, 2005; 1.
- 2. Executed Inventor(s) Declaration (4 pages);
- 3. Petition for Extension of Time until August 11, 2005 (in duplicate);
- Fee Transmittal Sheet for payment of \$355 claim fees (in duplicate); and 4.
- 5. A return post card.

The Commissioner is hereby authorized to charge payment of any further fees associated with any of the papers submitted herewith or to credit any overpayment to Deposit Account No. 08-1394, Order No. 36689.42.

Respectfully submitted,

Mark D. Moore, Ph.D. Registration No. 42,903

(AUWSÍ 2005

HAYNES AND BOONE, LLP 901 Main Street, Suite 3100 Dallas, Texas 75202-3789

Telephone: 713-547-2040 Facsimile: 214-200-0853

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Approved for use through 07/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/512,008 Filing Date 04/21/2003 For FY 2005 Mark A. Atkinson First Named Inventor **Examiner Name** Unknown Applicant claims small entity status. See 37 CFR 1.27 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 35536689.42 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: Haynes and Boone, LLP ✓ Deposit Account Deposit Account Number: 08-1394 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES** EXAMINATION FEES **Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 09/15/2006 CBURT1 00000002 081394 2. EXCESS CLAIM FEES mall Entity Fee (\$) **Fee Description** Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 **Total Claims** Fee Paid (\$) Extra Claims Fee (\$) **Multiple Dependent Claims** Fee Paid (\$) 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee.(\$) Fee Paid (\$) 08/16/2005 ATRAN1 00000094 081394 10512008 - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 02 FC:2615 300.00 DA 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee Paid (\$) \_ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Adjustment date: 09/15/2006 CBURT 08/16/2005 ATRAN1 00000094 08139 Other: Additional Claim Fees 355**10512008** SUBMITTED BY Registration No. 42,903 Telephone 214-651-5000 Signature (Attorney/Agent) Name (Print/Type) Date 8 AUGUST 2005 Mark D. Moore, Ph.D

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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